

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030914

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4164

FILED AUG 28 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L. Rowland

USE BLACK INK

OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Mission	
Length of stay in 1b 2 days		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors' Hospital		d. STREET ADDRESS (If outside, give location) 5414 Lamar	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle CURTIS Last CRUM		4. DATE OF DEATH Month August Day 12 Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-17-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Machine Co.	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Peter R. Crum		13b. MOTHER'S MAIDEN NAME Mary Ann Orr	
14. NAME OF HUSBAND OR WIFE May L. Crumm		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no	
16. SOCIAL SECURITY NO. 1		17. INFORMANT Address Mrs. May L. Crum Mission, Ks.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure C.V.A. DUE TO (b) Atherosclerosis + Pneumonia DUE TO (c) several yrs 1 day		INTERVAL BETWEEN ONSET AND DEATH 2-3 days 4 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Angiographic lateral Sclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:45 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year 8-12-62		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY Johnson STATE Kansas
21. I attended the deceased from 1959 , to 8-12-62 and last saw him alive on 8-12-62		Death occurred at 11:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Print or type) L. Rowland		22b. ADDRESS 8133 Wornall Rd. KC, Mo.	22c. DATE SIGNED 8-13-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-13-1962	23c. NAME OF CEMETERY OR CREMATORY Jo Co Mem Gardens	23d. LOCATION (City, town, or county) (State) Johnson County, Kansas
24. FUNERAL DIRECTOR Eugene P. Amos	ADDRESS Shawnee, Kansas	25. DATE RECD. BY LOCAL REG. 8-13-62	26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene P. Amos
Eugene P. Amos

Licensed Embalmer No. 5023

P. O. Address Shawnee, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.